Complete form and attach all original receipts.   
Consult your committee chair and budget before spending.

Treasurer will notify you when check is ready. Cash check promptly.

Please submit all forms and receipts by June 1st in order to receive reimbursement by the end of the fiscal year.

No reimbursements can be given after June 30th.

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUEST CHECK:** | **Reimbursement  Vendor Payment**  **Classroom Reimbursement Cashbox** | **REPORT NON-CASH DONATION:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DATE:** |  | **TOTAL AMOUNT:** |  |

|  |  |
| --- | --- |
| **CHECK REQUESTED BY:** |  |
| **EMAIL & PHONE NUMBER:** |  |
| **BUDGET LINE ITEM** |  |

|  |
| --- |
| **DESCRIPTION:** Attach all ORIGINAL receipts and/or invoices |
|  |

|  |  |
| --- | --- |
| **INDEPENDENT CONTRACTOR FORM** (Required for ALL vendors providing service): | **Included On File** |

|  |  |
| --- | --- |
| **PAYABLE TO:** |  |
| **NAME/COMPANY:** |  |
| **POSTAL ADDRESS:** |  |
| **EMAIL & PHONE NUMBER:** |  |
| **DELIVERY** (Check one): | **Mail Payment  School Mailbox Delivery** |

|  |  |  |
| --- | --- | --- |
| **CHECK APPROVED BY** | **Board Member Name (print)** | **APPROVAL SIGNATURE** |
| *All board members have authority to approve all expenses.* |  |  |
|  |  |
| **For Treasurer** | | |

|  |  |  |
| --- | --- | --- |
| *Check Number:* | *Date:* | *Deliver Method:* |